



The Insular Life Assurance Company, Ltd.
 Insular Life Corporate Centre, Insular Life Drive
 Filinvest Corporate City, Alabang, 1781 Muntinlupa City
 E-mail: headofc@insular.com.ph | Website: www.insularlife.com.ph
 Tel.: (632) 8-582-1818 | VAT REG. TIN 000-464-124-000

FUND SWITCH AND PREMIUM REDIRECTION

Policy No.

1. POLICY OWNER

Prefix	Given Name	Surname	Suffix
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2. I apply to change the proportions in which my regular premiums are to be invested (PREMIUM REDIRECTION):

I/WE HEREBY DECLARE AND AGREE THAT:

- The new premium direction will be effective on the date this application is approved by Insular Life and payment of future premiums will be applied in accordance with my requested premium allocation.
- The latest premium redirection will be the basis for investing future premiums.

From	Amount or Percentage or Units	To	Amount or Percentage or Units
Balanced Fund	%	Balanced Fund	%
Equity Fund	%	Equity Fund	%
Fixed Income Fund (Peso/Dollar)	%	Fixed Income Fund (Peso/Dollar)	%
Growth Fund	%	Growth Fund	%
Select Equities Fund	%	Select Equities Fund	%
Money Market Fund (Peso/Dollar)	%	Money Market Fund (Peso/Dollar)	%
Guardian Fund	%	Guardian Fund	%
Others (please specify):	%	Others (please specify):	%

3. I apply to transfer the value of the units credited to this Policy as indicated below (FUND SWITCH):

I/WE HEREBY DECLARE AND AGREE THAT:

- I am entitled to one (1) free fund switch every policy year. To effect the fund switch, Insular Life will sell units from the source fund and buy units in the target fund/s in accordance with the policy contract provision on Buying and Selling of Units.
- The minimum amount that I/we can switch and the corresponding fund switch charges, if any, are subject to the guidelines set by the Company at time of application.
- This application will not be effective until it is officially received and approved by Insular Life.

From	Amount or Percentage or Units	To	Amount or Percentage or Units
Balanced Fund	%	Balanced Fund	%
Equity Fund	%	Equity Fund	%
Fixed Income Fund (Peso/Dollar)	%	Fixed Income Fund (Peso/Dollar)	%
Growth Fund	%	Growth Fund	%
Select Equities Fund	%	Select Equities Fund	%
Money Market Fund (Peso/Dollar)	%	Money Market Fund (Peso/Dollar)	%
Guardian Fund	%	Guardian Fund	%
Others (please specify):	%	Others (please specify):	%

I understand that as a financial institution, Insular Life is subject to existing and future government regulations. I therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I authorize Insular Life to process my personal and sensitive personal information (also known as personally identifiable information or PII) including the collection, usage, storage, retention, and disclosure of my PII in the related processes and systems until its disposal. I likewise give my consent to Insular Life to share such information to its subsidiaries, affiliates, agents, medical information sharing facility of the insurance industry and third parties for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my PII may be required in fulfillment of mandated services across my entire life stages.

I/We also confirm that I/we have sought the consent of the insured and/or the beneficiary/ies in sharing his/her personal and sensitive personal information, as may be applicable.

I hold Insular Life free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

Signed this _____ day of _____, _____ at _____.

 POLICY OWNER
 Printed Name and Signature

 IRREVOCABLE BENEFICIARY/IES
 Printed Name and Signature

 WITNESS/AGENT
 Printed Name and Signature

 ASSIGNEE/S
 Printed Name and Signature

FOR HOME/FIELD OFFICE USE ONLY

RECEIVED BY: _____ Office: _____ Date & Time of receipt: _____ Secrets Number: _____
 Printed Name and Signature

APPROVED BY: _____ Office: _____ Date: _____
 Printed Name and Signature